

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR Attorney Docket Number UTC 010 DESIGN First Named Inventor Weimer PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number 10/773,685 February 6, 2004 Filing Date Declaration Declaration Submitted after Initial OR Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) required) with Initial Filing Examiner Name

	As a below named inventor, I h	ieroby d	eclaro that:								
	My residence, mailing address, ar	ınd citize	nship are as st	ated below next to my	лаг	me.					
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	DENTAL COMPOSITE FILLER PARTICLES										
	the specification of which		(Title of the Invention)	_						
	is attached hereto										
	or as United States Application Number or PCT International										
	Application Number 10/773,68			amended on (MM/DD/				(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-part applications, material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application.										
	I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internations	nefits und	der 35 U.S.C. 1	119(a)-(d) or 365(b) of	fany leas t, an	y foreign applica st one country of ny foreign applica ne application on	tion(s) for partition that the ation for pate	tent or inventor's United States of ent or inventor's			
	Prior Foreign Application Number(s)	1	Country	Foreign Filing Date (MM/DD/YYYY)	ite	Priority Not Claimed	Certified C	opy Attached?			
_				1	+	TOT GRAINING	YES	NO			
		i		l							
		į		I	1						
	☐ Additional foreign application r	numbers	are listed on a	supplemental primity	495		200 - # b - d				
•	I hereby claim the benefit under	35 U.S.	C 119/e) of an	VI Inited States novie	ص20	3 SN66(P (U/SD/	02B attached	hereto:			
_	Application Number(s)	00 0.5.		e (MM/DD/YYYY)	Ona	il application(s) iii	sted balow.				
50/4	445,540		02/06/2003	(minosovi i i i		numbers : suppleme	I provisional a are listed on a ental priority d D2B attached	a ata she <i>e</i> t			
		í		,	1						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Information unless it contains a valid OMB control number.

DECLARAT	ON—	Utilit	y or	Desi	gn	Pa	ten	t Application
Direct all correspondence to:	Customer N or Bar Code	lumber Label				OR		Correspondence address below
Name Gary C. Cohn PLLC								
Address 4010 Lake Washington	Blvd., NE							
Address Suite 105		- <u></u> ,	·					
City Kirkland State WA ZIP 98033								
Country U.S.A.		Telepho	ne (425)	576-165	56			Fax (425) 576-1756
I hereby declare that all statements in are believed to be true; and further to made are punishable by fine or imprisonable or imprisonable or any patent validity of the application or any patent	commont or be	- 41	лоwledge ere made 18 U.S.C	are true with the l	and tha knowled id that s	it all s dge ti such	tatem at wil willful i	ents made on information and belief Iful false statements and the like so false statements may Jeopardize the
NAME OF SOLE OR FIRST INVENTOR:								
Givon Name (first and middle [if any]) Alan W. Family Name weimer or Surname								
Inventor's Signature	lere_		,					7/6/2004
Residence: City Niwot			State C	0	Country US			Citizonship US
Mailing Address 6967 Springhill D	rive							
Mailing Address								
City Niwot	State CO			ZIP 8	0503			Country US
NAME OF SECOND INVENTOR	₹:			A petit	lion ha	s be	en fil	ed for this unsigned inventor
Given Name Sotiris E. (first and middle [if any])		<u>.</u>		Family or Surn	Name name	Prat	sinis	
Invontor's Signature								Date
esidence: City Zurich State Switzerland Country Citizenship USA								
Malling Address Aurorastrasse 73								
Mailing Address CH-8032			_					
City Zurich	State			ZIP				Switzerland Country
Additional inventors are being named	on the 1_s	upplemen	tal Additio		tor(s) st	neet(s	s) PTC	N/SB/02A attached hereto.



Please type a plus eign (+) inside this box -+

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1996, no persone are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ıny:		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any	y])		Family Name or Surname					
Christos			Ar	ngeletakis	y ·			
Inventor's Signature						Date		
Orange Residence: City	Sta	CA te		US Country		US Citizenship		
716 W. Brentwood Wood Mailing Address								
Mailing Address					Marie Come			
City Orange	Sta	_{te} CA		ZIP 92865	Count	US US		
Name of Additional Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any	<u>(1)</u>		Family Name or Surname					
Steven M.				George				
Inventor's Signature			,			Date		
Residence: City Boulder	Sta	co		US Country		Citizonship US		
Mailing Address 1444 Cassin Court								
Mailing Address	-							
Boulder City	Sta	OO ete	_	2IP 80303	Col	intry US		
Name of Additional Joint Inventor, if a	ny:			A petition has been file				
Given Name (first and middle [if any])			Fami	ly Name	or Surname		
	·							
Inventor's Signature						Date		
Residence: City	State	•		Country		Citizenship		
Mailing Address								
Mailing Address								
City	State				C	Mintry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES DR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JUL 0 9 2004

type a plus sign (+) inside this box 💛 🛨

DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

10/773,685

UTC 010

Weimer

COMPLETE IF KNOWN

PTO/SB/01 (10-00)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

	☐ Declaration ☐	Declar	ntion	Filing Date		reoruar	y 6, 2004					
	. Submitted OR	Submi	tted after Initi	ial Group Art U	nit							
	with Initial Filing		(surcharge R 1.16 (e)) ed)	Examiner Na	ame							
			-	· · · · · · · · · · · · · · · · · · ·								
,	s a below named inventor, I h	ereby dec	clare that:				•					
	Ny residence, mailing address, a	nd citizens	ship are as sta	ted below next to my	name.							
1	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the inventor entitled:											
	DENTAL COMPOSITE FILLER PARTICLES											
	(Title of the Invention)											
	the specification of which Is attached hereto											
	OR		·	as Unite	d States A	pplication	Number or F	PCT International				
	was filed on (MM/DD/YYYY)	02/0	6/2004									
•	Application Number 10/773,6	35	and was a	emended on (MM/DD/	mm [· (if applicable).				
1	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
	acknowledge the duty to disclosure applications, material informational filing date of the				/ as define filing date	d in 37 CF of the prio	R 1.56, incl rapplication	uding for continuation- and the national or				
	hereby claim foreign priority be certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation											
	Prior Foreign Application Number(s)	c	ountry	Foreign Filing Da (MM/DD/YYYY)		iority Claimed	Certified	Copy Attached?				
· •	·	·	·- ·-· /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 000	000				
	·				· \ i	5		5				
[Additional foreign application											
	I hereby claim the benefit unde	35 U.S.C	. 119(e) of an	y United States provis	ional appl	ication(s)	sted below.	•				
	Application Number(s)		Filing Date	(MM/DD/YYY)		Additions		l contingues				
60/445.540			02/06/2003	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
	***							•				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the incided case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for uso through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Customes Number								
	Customer Number or Bar Code Label			or 🗌	Correspondence address below				
Name Gary C. Cohn PLLC	<u>.</u>		•						
Address 4010 Lake Washington Blvd., NE									
Address Suite 105									
City Kirkland		s	tate WA		21P 98033				
Country U.S.A.	Tolephor	(425) 576-	1656		Fax (425) 576-1756				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INV	ENTOR:		petition ha	s been fi	led for this unsigned inventor				
Given Name (first and middle [if any]) Alan W.		Fa	mily Namo Surname						
Inventor's Signature		· .			Date				
Residence: City Niwot	•	State CO	Countr	US	Citizonship				
Malling Address 6967 Springhill Dr	ive			·) Olizani rossip				
Malling Address				<u>.</u>					
City Niwot	State CO	21	P 80503		Country US				
NAME OF SECOND INVENTOR	:	□Ар	etition ha	s been fil	ed for this unsigned Inventor				
Given Name Sotiris E. (first and middle [if any])		Fan	nily Name Sumame	,					
Inventor's Signature	3/21	2		_	5/12/04				
Residence: City Zurich	(). 1	State	Swit	zerland	Chizenship USA				
Malling Address Autorastrasse 73			100	<u>-, j</u>	Ciucuisnip				
Mailing Address CH-8032									
Chy Zurich	State	ZIP	803	2	Switzerland				
Additional inventors are being named					/SB/02A sitached hereto.				

.T AVAILABLE CO. .

Please type a plus sign (+) inside this box -

Please type a plus sign (+) inside this box + PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

		_						
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor					
Given Name (first and middle [if eny])			Family Name or Surname					
Christopher		An	Angeletakis					
Inventor's Signature			Date					
Crange	···· GA· State	-	Country	-	US			
716 W. Brentwood Wood Malling Address								
Mailing Address			·					
City Orange	State CA		ZJP 92865	Count	uy US			
Name of Additional Joint Inventor, if an	y:	0	A petition has been fi	led for th	nis unsigned inventor			
Given Name (first and middle [if eny])			Family Name or Surname					
Steven M.		George						
inventor's Signature				Date				
Residence: City Boulder	State CO	Country			US Citizenship			
Mailing Address 1444 Cassin Court	· · ·			٠.				
Mailing Address	·							
Boulder City	State CO		ZIP 80303	Сон	untry US			
Name of Additional Joint Inventor, if an	y:		A petition has been file	ed for thi	s unsigned inventor			
			. Eaml	y Name	or Sumame			
		-	•					
Inventor's Signature	•				Date .			
Residence: City	Country		Cittzenship					
Mailing Address								
Mailing Address	:							
City	City State				Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

COMPLETE IF KNOWN

lease type a plus sign (+) inside this box 🛨

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0951-0032

10 / 773,685

UTC 010

Weimer

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

Application Number

m		Filing Date	February	6, 2004						
Submitted OR	Declaration Submitted after Initia Filing (surcharge	Group Art Unit								
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	ne	<i>..</i>						
	100									
As a below named inventor, I he	reby declare that:									
My residence, mailing address, an	d citizenship are as state	ed below next to my na	me.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
DENTAL COMPOSITE FILLER PARTICLES										
(Title of the Invention)										
the specification of which is attached hereto										
OR as United States Application Number or PCT International Was filed on (MM/DD/YYYY) 02/06/2004										
Application Number 10/773,685 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	also identified below t	iv checking the box.	any mreion applic	ation for patent or inventors						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
			000	000						
Additional foreign application	numbers are listed on a	supplemental priority of	data sheet PTO/SB	/02B attached hereto:						
I hereby claim the benefit under	r 35 U.S.C. 119(e) of any	United States provisi	onal application(s)	listed below.						
Application Number(s)	Filing Date	(MM/DD/YYYY)	Addition	al provisional application						
60/445,540		numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) Inside this box -> +

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer or Bar Coo				OR 🗌	Co	πespondence address below			
Name Gary C. Cohn PLLC	·								
Address 4010 Lake Washington Blvd., NE									
Address Suite 105									
City Kirkland		•	State	WA	z	98033			
Country U.S.A.	Telephor	ne (425) 57	76-1656	5	F	ax (425) 576-1756			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR			A petit	ion has been	filed	for this unsigned inventor			
Given Name Alan W. Family Name Weimer or Surname									
Inventor's Signature Date									
Residence: City Niwot		State CO	,	Country US		US Citizenship			
Mailing Address 6967 Springhill Drive					·				
Mailing Address			- <u>-</u>						
City Niwot State Co	0		ZIP 80	0503		Country US			
NAME OF SECOND INVENTOR:			A petit	ion has been	filed	for this unsigned inventor			
Given Name Sotiris E. (first and middle [if any])			Family or Surn	Name Pratsini	s				
Inventor's Signature		•				Date			
Residence: City Zurich		State		Switzerland Country		Citizenship USA			
Mailing Address Aurorastrasse 73									
Mailing Address CH-8032			- <u></u>						
City Zurich State			ZIP			Switzerland Country			
\square Additional inventors are being named on the $\underline{1}$	suppleme			tor(s) sheet(s) P		B/02A attached hereto.			



425-576-1756 Linda Chung

Please type a plus sign (+) inside this box -

;7145167719

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if an	ıy:		A petition has been filed	for th	is unsigned inventor			
Given Name (first and middle [if any]))	Family Name or Surname						
Christopher Christos			geletakis					
	LL AAR	1		6/21/04 Date				
Orange Residence: City	CA State		US Country	c	US Citizenship			
716 W. Brentwood Wood Mailing Address								
Mailing Address								
City Orange	State CA		ZIP 92865 Co	ountry	US			
Name of Additional Joint Inventor, if an	y:		A petition has been filed f	for this	s unsigned inventor			
Given Name (first and middle [if any]))	Family Name or Surname						
Steven M.			George					
Inventor's Signature					Date			
Residence: City Boulder	State CO		US Country		US Citizenship			
1444 Cassin Court Mailing Address								
Mailing Address								
Boulder City	State CO		ZIP 80303	Cour	US US			
Name of Additional Joint Inventor, if an			A petition has been filed fo					
Given Name (first and middle [if any])		Family Name or Surname						
inventor's Signature		<u>. </u>			Date			
Residence: City		Country		Citizenship				
Mailing Address								
Mailing Address				,				
City		ZIP	Cor	untry				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

a plus sign (+) inside this box -> +

DESIGN

PATENT APPLICATION

PTO/SB/01 (10-00)

Weimer

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent and Trademark (spond to a collection of information ur	or use through 10/31/2002 Office; U.S. DEPARTMENT 1988 It contains a valid OM	OMB 0651-0032 OF COMMERCE
			-

First Named Inventor

(37 CFR 1.63) Application Number 10/773,685 Filing Date February 6, 2004 □ Declaration □ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing . **Examiner Name** (benlupen As a below named inventor, I hereby declare that; My residence, mailing address, and clitzenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DENTAL COMPOSITE FILLER PARTICLES (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYY) | 02/06/2004 Application Number 10/773,685 (if applicable). and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. i acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-part applications, material information which became available between the filing date of the prior application and the national or PCT international filling date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached? Number(s) Country (MM/DD/YYY) Not Claimed YES NO 8 Ō Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are flated on a 60/445.540 02/06/2003 supplemental priority data sheet PTO/SB/02B ettached hereto.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box -> +

DECLARATION — Utility or Design Patent Application

5: -4-11	Customer Nu	ımber			7 [
r Dieccan Corespondence in: 1 i	or Bar Code				OR	Correspondence address below		
Name Gary C. Cohn PLLC								
Address 4010 Lake Washington Blvd., NE								
Address Suite 105								
City Kirkland State WA ZIP 98033								
Country U.S.A.		Telephon	(425) 5	76-1656		Fax (425) 576-1756		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:		0	A petiti	ion has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any]) Family Name Weimer or Surname								
Inventor's Signature	1-1							
Residence: City Niwot			State CC)	Country US	Citizenship US		
Mailing Address 6967 Springhill Dri	ive							
Mailing Address								
City Niwot	State CO			ZIP 80	503	Country US		
NAME OF SECOND INVENTOR	:			A petiti	ion has been fil	ed for this unsigned inventor		
Given Name Sotiris E. (first and middle [if any])				Family I	Name Pratsinis ame	,		
Inventor's Signature						Date		
Residence: City Zurich			State		Switzerland Country	Citizenship USA		
Mailing Address Aurorastrasse 73					<u> </u>			
Mailing Address CH-8032								
City Zurich	State			ZIP		Switzerland Country		
Additional inventors are being named		supplemer	ntal Addition	nal Invent	tor(s) sheet(s) PTC	D/SB/02A attached hereto.		

Please type a plus sign (+) inside this box

Pro/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

Name of Additional Joint Inventor, if an	y:	0	A petition has been file	n has been filed for this unsigned inventor				
Given Name (first and middle [if any])	,		Family Name or Sumame					
Christopher		An	geletākis					
Inventor's Signature	-				Date			
Orange Residence: City	CA State		US Country		US Citizenship			
716 W. Brentwood Wood Malling Address								
Malling Address								
City Orange	State CA		ZIP 92865	ountr	US			
Name of Additional Joint Inventor, if an	у:		A petition has been filed					
Given Name (first and middle [if any])	1		Family Name or Surname					
Steven M. George								
Inventor's Steven M.	Deora	Z.			Date 6/2/04			
Residence: City Boulder	State CO		Country US	·	US Citizenship			
Mailing Address 1444 Cassin Court	· <u>- · · · · · · · · · · · · · · · · · ·</u>			٠				
Malling Address				_				
Boulder City	State CO		ZIP 80303	Cou	ntry US			
Name of Additional Joint Inventor, if an	y:		A pelition has been filed f	or this	unsigned inventor			
Given Name (first and middle [if any])	•	. Family Name or Sumame						
			•					
Inventor's Signature		· .			Date .			
Residence: City State Country Citizenship								
Mailing Address								
Mailing Address				-,	•			
City	State		ZIP	Co	untry			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.